PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

annonnista All further	correspondence includir d below or directed oth	a the I	Datant advance or	ders and notification of specifying a new con	resp	amienance fees wi condence address;	and/or	(b) indicating a separ	correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
21559 7590 11/25/2009 CLARK & ELBING LLP 101 FEDERAL STREET BOSTON, MA 02110						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
				ſ					(Depositor's name)	
									(Signature)	
									(Daic)	
APPLICATION NO.	FILING DATE			FIRST NAMED INVENT	OR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/772,774	72,774 02/04/2004		Bjarne Due Lars			L		50412/018003	3539	
TITLE OF INVENTION	NOVEL ANTIARRYT	HMIC	PEPTIDES			-				
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE DU	Æ	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$300		\$0	\$1810		02/25/2010	
EXAMINER		ART UNIT		CLASS-SUBCLASS						
TELLER, ROY R			1654 514-009000							
CFR 1.363). Change of corresp Address form PTO/SE "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required. ASSIGNEE NAME A PLEASE NOTE: Unl recordation as set fort! (A) NAME OF ASSIG	ess an assignee is ident n in 37 CFR 3.11. Comp INEE	Correspondence ation form e of a Customer E PRINTED ON 3	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorney or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Zealand Pharma A/S Glostrup, Denmark Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government										
4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of CopiesFive				b. Payment of Fce(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-2095 (enclose an extra copy of this form).						
	s SMALL ENTITY state	s. See	37 CFR 1.27.	☐ b. Applicant is no						
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if 199 ecord of the United Sta	uired) v tes Pate	vill not be accepted ent and Trademark	i from anyone other the Office.	an th	e applicant; a regi	stered a	attorney or agent; or th	ne assignee or other party in	
Authorized Signature Authorize				Date Fullmany 25, 7070 Registration No. 39,109						
This collection of inform an application. Confident submitting the complete	ation is required by 37 Ciality is governed by 35 application form to the	FR 1.3 U.S.C. USPT	11. The information 122 and 37 CFR O. Time will vary	on is required to obtain 1.14. This collection is depending upon the ir c Chief Information Of COMPLETED FORMS	or restindivi	etain a benefit by t imated to take 12 t idual case. Any co	he pub minutes mment	lic which is to file (and to complete, including on the amount of the nark Office, U.S. Dep D TO: Commissioner	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.